



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E261753**

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FROM TO
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FROM TO
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INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-01899
LOCAL AGENCY CODING	
TOTAL # OF UNITS	04
OBJECT STRUCK	

TRIBAL RESERVATION	
M M D D Y Y Y Y	08 - 02 - 2013
TIME (2400)	2305
COUNTY #	31
MILES	
N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF 0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR 204	BLOCK NO.	1 00
DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)
	FEET	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	PHONE
			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

LAST-NAME	JAHNSON	FIRST-NAME	PERRY	MIDDLE INITIAL	A
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STREET NEW ADDRESS	704 87TH AVE NE #87
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CITY	LAKE STEVENS	ST.	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	JAHNSPA404NF	STATE	WA	SEX	M	D.O.B.	08 - 06 - 1960
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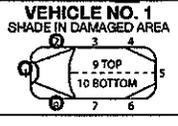
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	1	EJECT	1	HELMET USE	2	INJURY CLASS	5	NATURE OF INJURIES	SKULL FRACTURE
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LICENSE PLATE #	555WUK	STATE	WA	VIN#	JH4KA7679RC027839
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1994	MAKE	ACUR	MODEL	LEGEND	STYLE	4D	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER		
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	PHONE
					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	D: 2088803187

LAST-NAME	TERRACE	FIRST-NAME	JOHNATHAN	MIDDLE INITIAL	J
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STREET NEW ADDRESS	13420 WIGEN RD
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CITY	LYNNWOOD	ST.	WA	ZIP	98087
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	TERRAJJ145RB	STATE	WA	SEX	M	D.O.B.	12 - 02 - 1986
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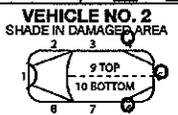
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	1M39148	STATE	WA	VIN#	1FMCU70E11UB81489
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2001	MAKE	FORD	MODEL	EXPLORE	STYLE	4H	VEHICLE TOWED	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.		
LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GRANGE 5104440048892
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	JAMES WELLINGTON	BADGE OR ID #	93	AGENCY	WA0311900
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1591972

CORRECTION

REPORT NO. **E261753**

CASE # **13-01899**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				

NARRATIVE

On 08-02-13 at 2306 hrs I responded to mile post 1 on SR 204 for a priority vehicle vs. pedestrian collision. Unit 1 was traveling westbound at a high rate of speed and collided into the read of Unit 2. Unit 2 lost control and spun across the eastbound lanes coming to rest in the ditch. Driver of Unit 1 stopped and exited his vehicle to run across the highway to Unit 2. Driver of Unit 1 became Unit 4 pedestrian at that time. Unit 3 was traveling lawfully eastbound when Unit 4 ran out in front of him causing secondary collision. Unit 4 was seriously injured as a result and transported by aid to the emergency room. Unit 1/Unit 4 was impaired by the use of alcohol. Blood draw toxicology results are pending.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.065)

JAMES WELLINGTON		08-08-13 05:09 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLA CE SIGNED
APPROVED BY		DATE	
ROBERT MINER 095		8/8/2013 5:16:54 AM	
BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
93	WA0311900	11:06 PM	11:11 PM



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E261753

CASE # 13-01899

1 5 2 27
2

COMMERCIAL MOTOR CARRIER		INTERSTATE <input type="checkbox"/>	INTRASTATE <input type="checkbox"/>
UNIT #	USDOT	ICC #	VEHICLE TYPE
CARRIER NAME		CARGO BODY TYPE	

1 0 1 28
2 0 6
3

CARRIER ADDRESS					
CITY	ST				
NAME SOURCE	AXLES	GWR	PLACARD	+	NAME IF NO NUMBER

0 1 29

ADDITIONAL UNITS

UNIT #	3	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4258226139
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30

LAST NAME	BOONE	FIRST NAME	GAVIN	MIDDLE INITIAL	E
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STREET NEW ADDRESS	506B E GALENA ST
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CITY	GRANITE FALLS	ST	WA	ZIP	98252
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	BOONEGE171R4	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	12	-	24	-	1983
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ON DUTY	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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1 32

LICENSE PLATE #	064ZLK	STATE	WA	VIN#	YV4CZ852861227755
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2006	MAKE	VOLV	MODEL	XC90	STYLE	SW	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 71088474
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SHADE IN DAMAGED AREA



FROM TO 7 3 33

VEHICLE LEGALITY YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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FROM TO 1 5 34

UNIT #	4	MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input checked="" type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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4 35

LAST NAME	JAHLSON	FIRST NAME	PERRY	MIDDLE INITIAL	A
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STREET NEW ADDRESS	704 87TH AVE NE #87
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1 36

CITY	LAKE STEVENS	ST	WA	ZIP	98258
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9 7 38

CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	M	D.O.B.	MMDDYYYY	08	-	06	-	1960
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39

ON DUTY	STATUS	0	AIRBAG	RESTR.	EJECT	HELMET USE	2	INJURY CLASS	5	NATURE OF INJURIES	SKULL FRACTOR
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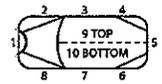
LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE	YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

SHADE IN DAMAGED AREA



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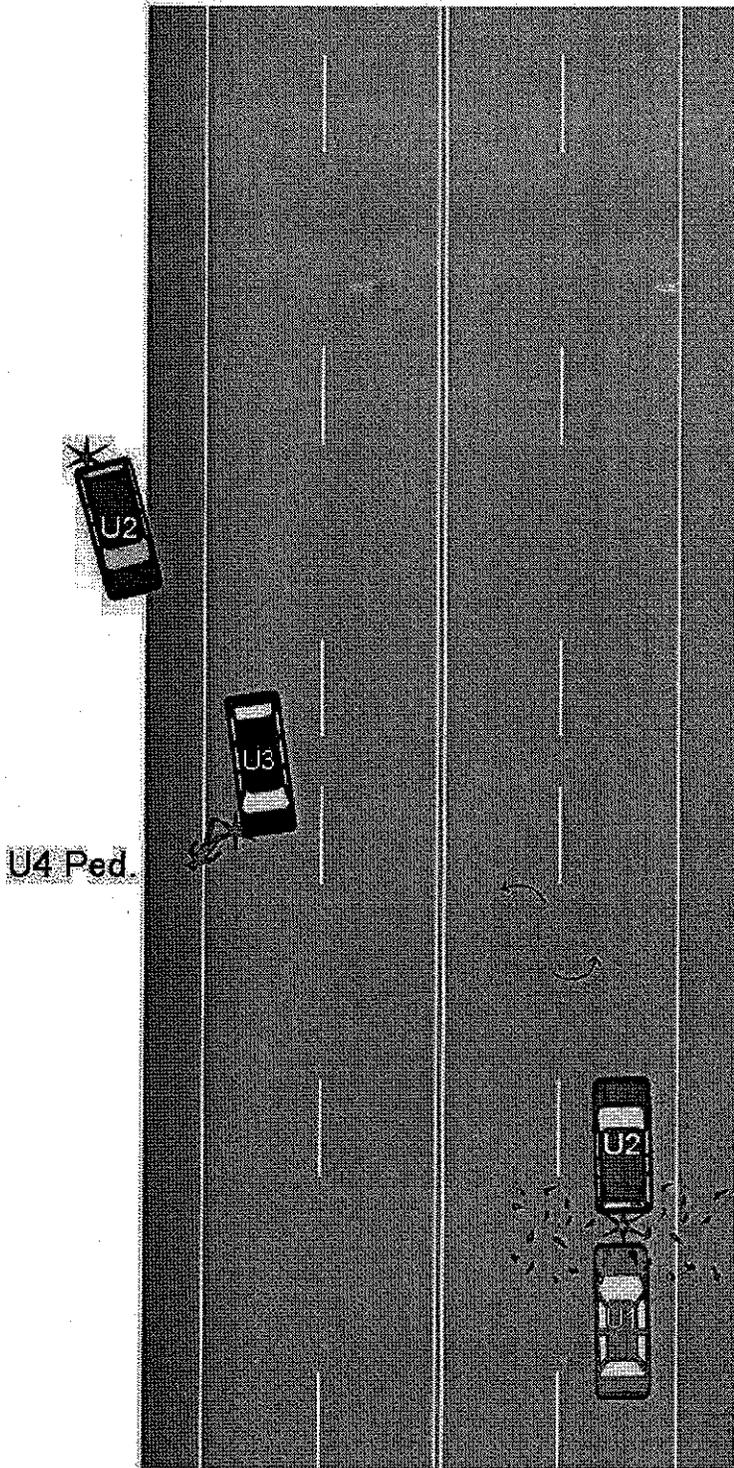
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
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42

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

JAMES WELLINGTON	08-08-13 05:09 AM
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET
DATED:	PLACE SIGNED

BADGE OR ID #	93	ORI #	WA0311900	APPROVED BY	MINER	DATE	8/8/2013	PAGE	3	OF	4
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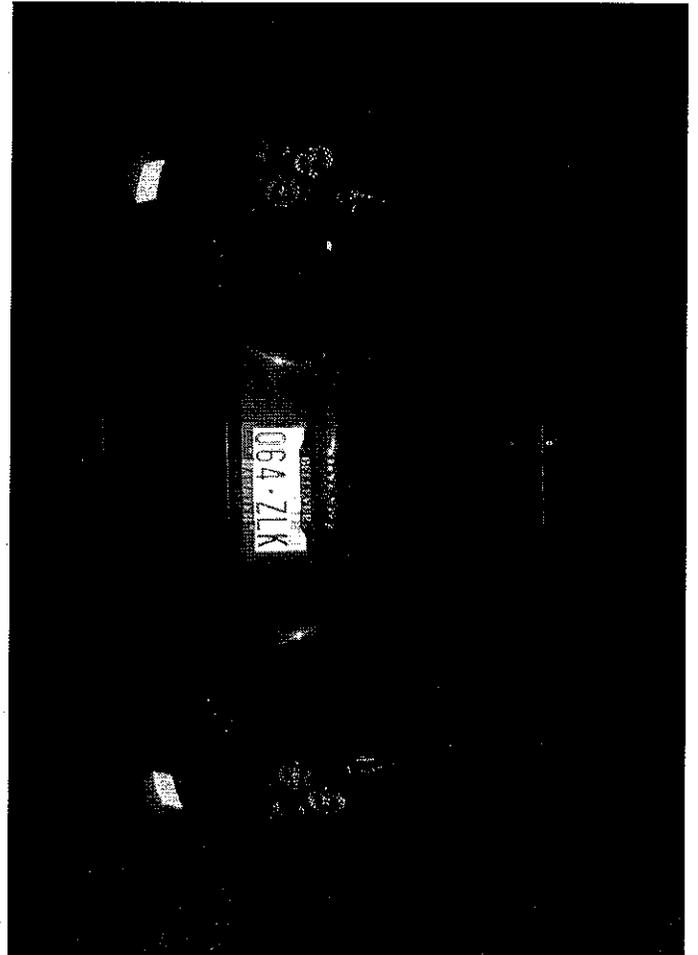
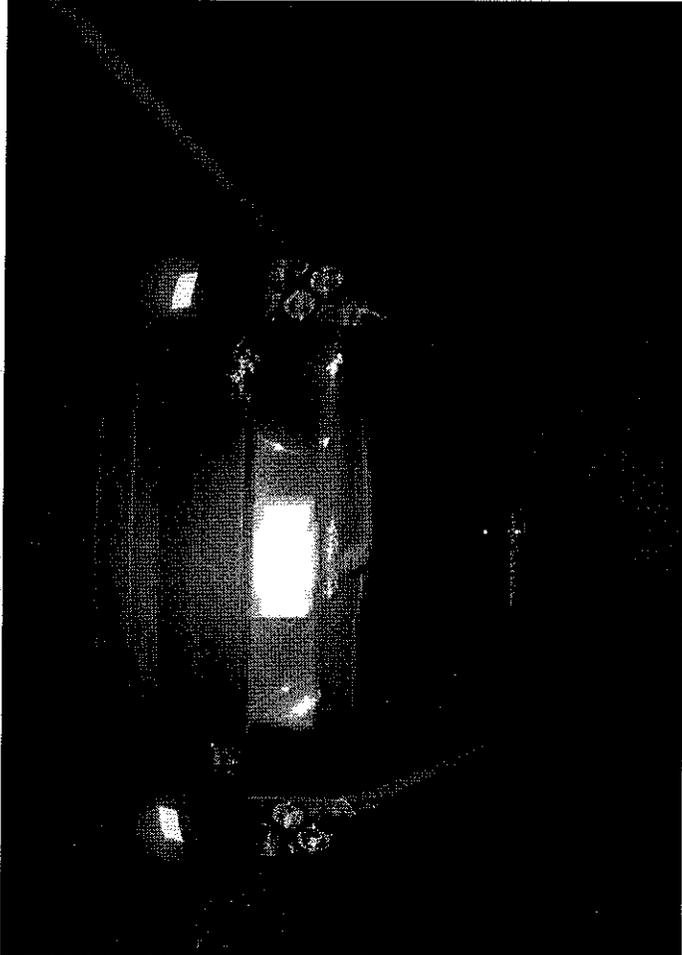
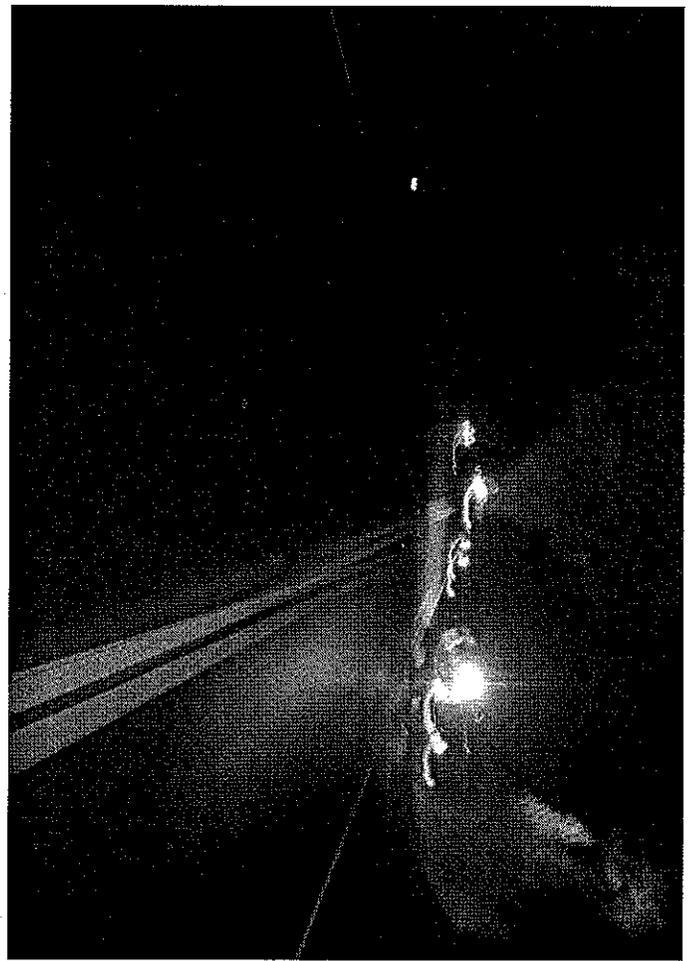
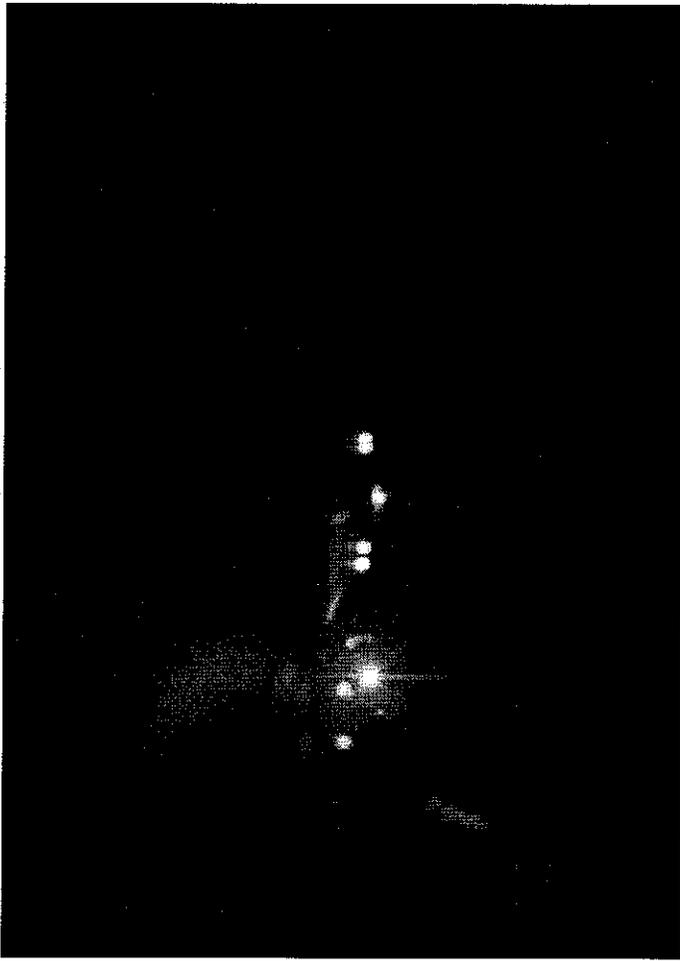
SR 204

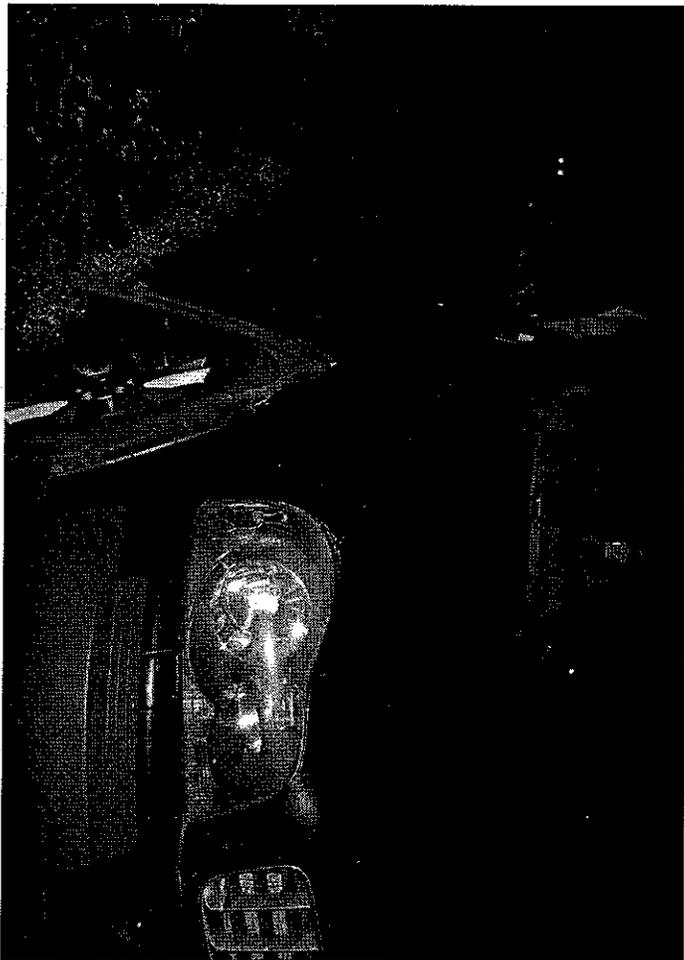
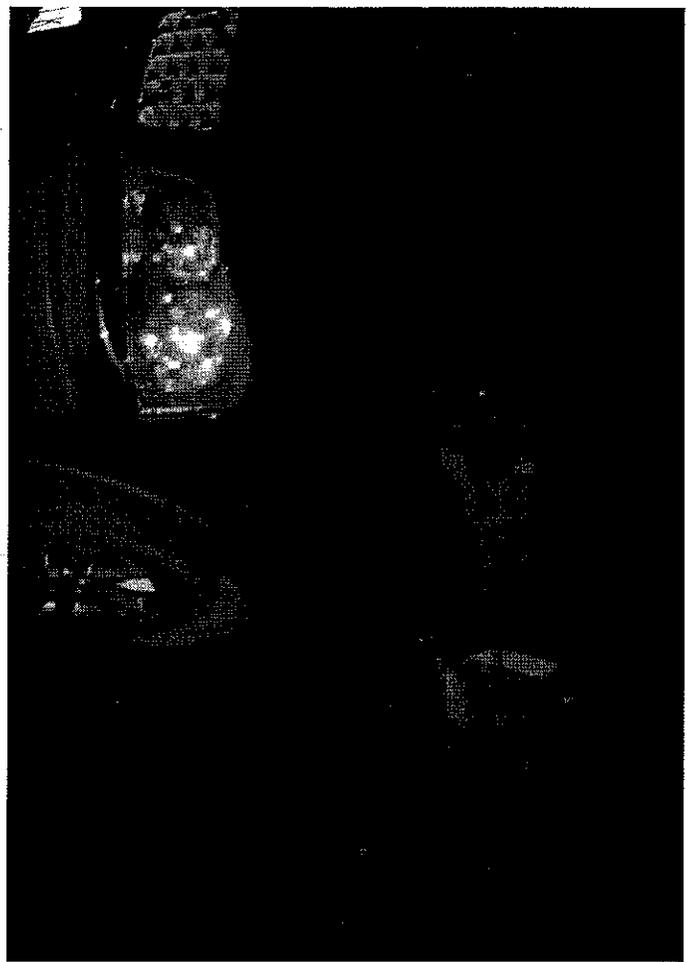


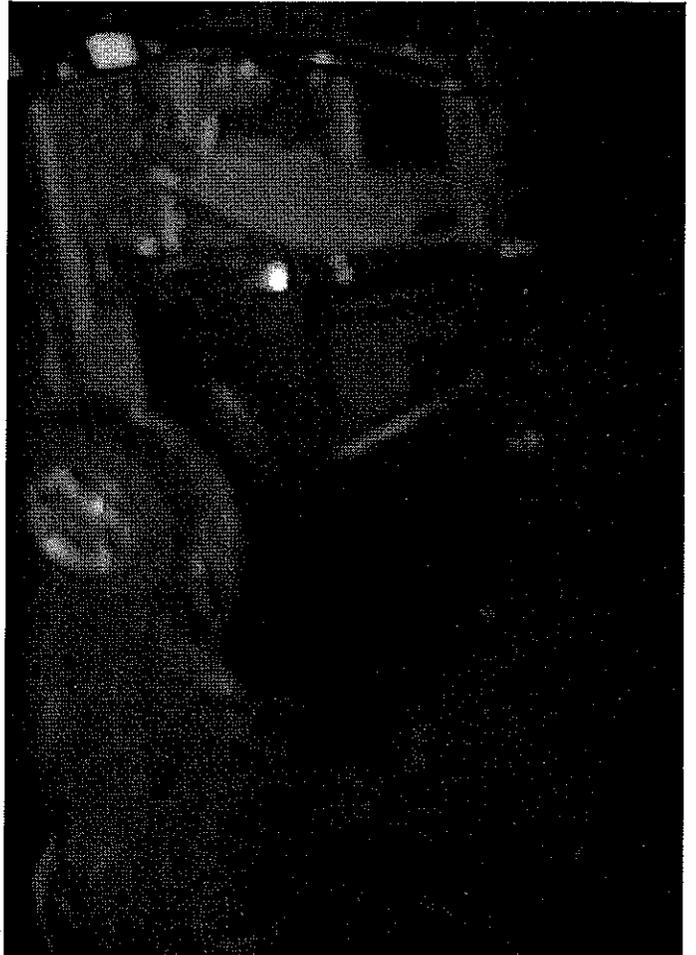
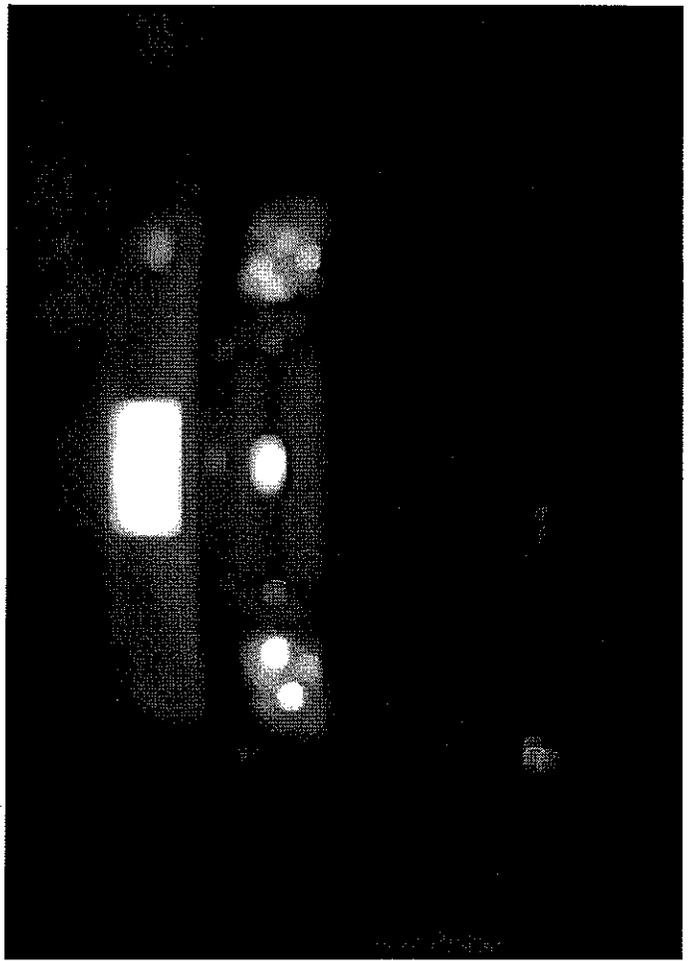
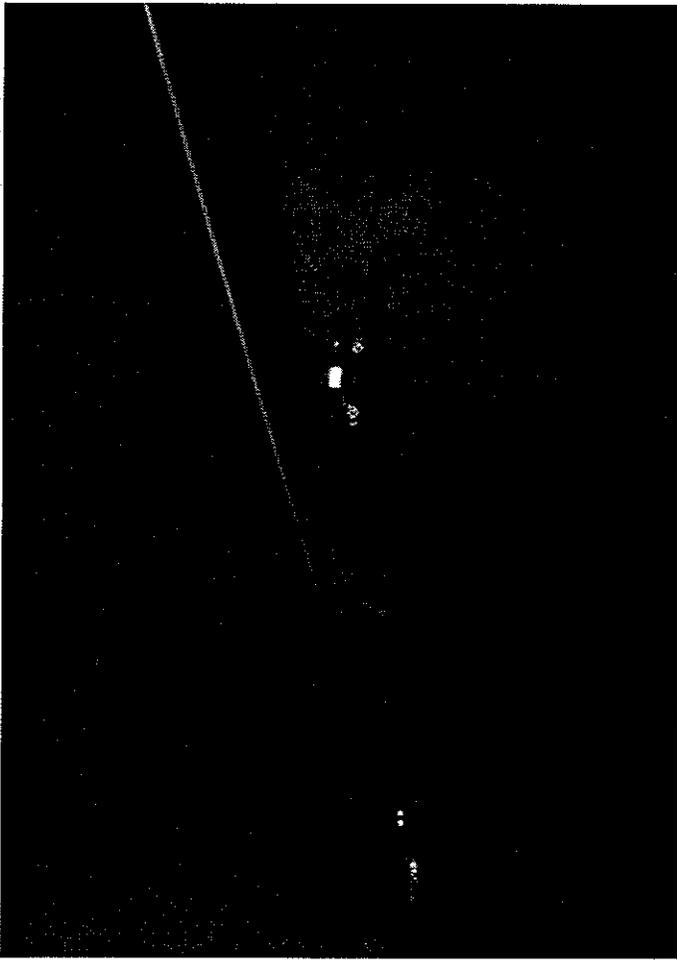
Not To Scale

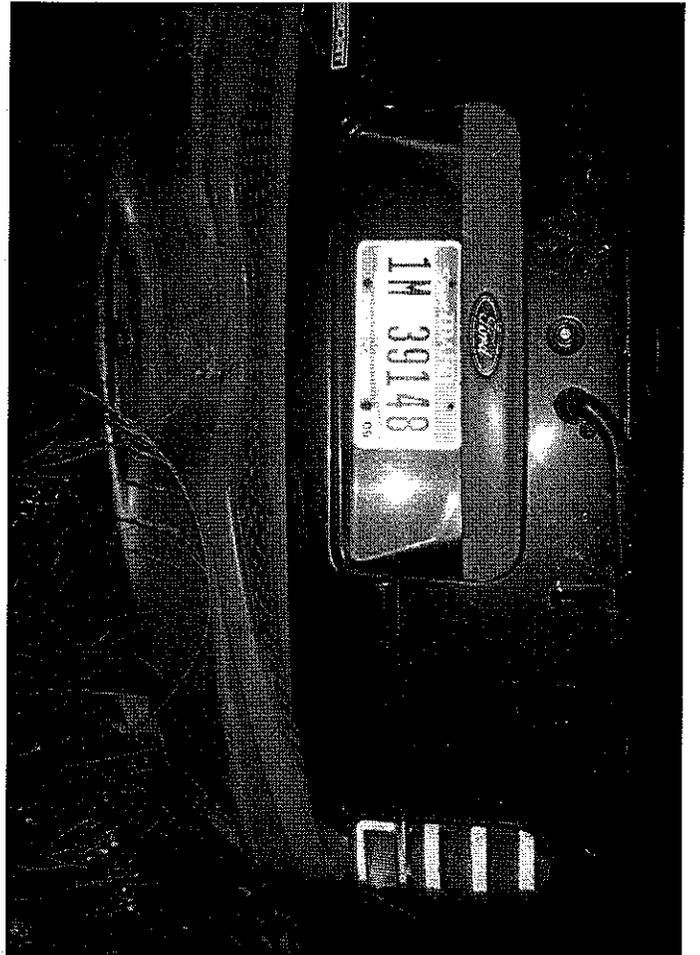
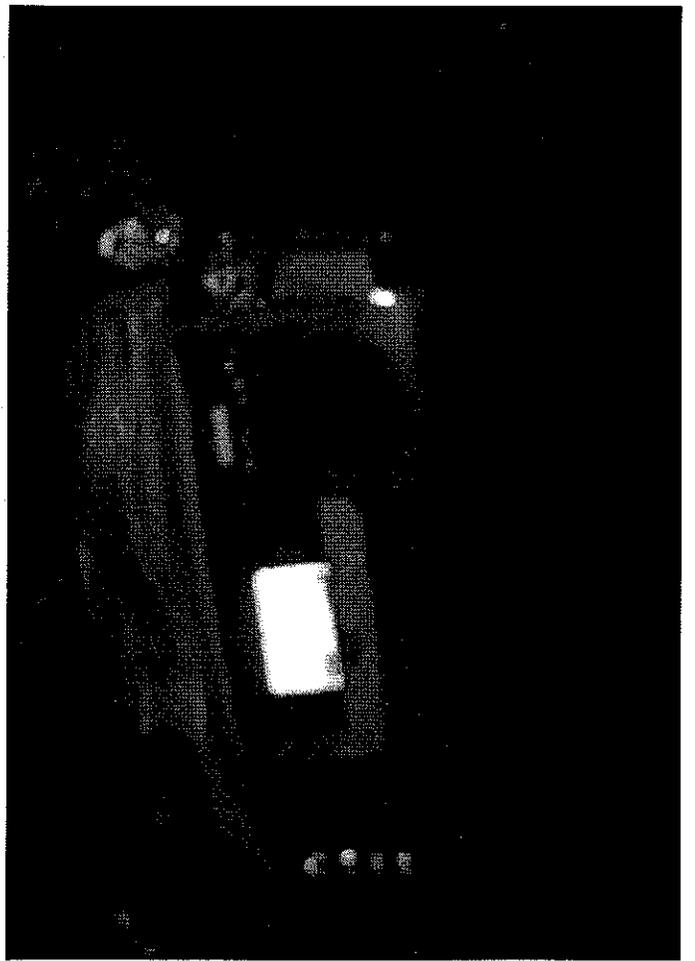
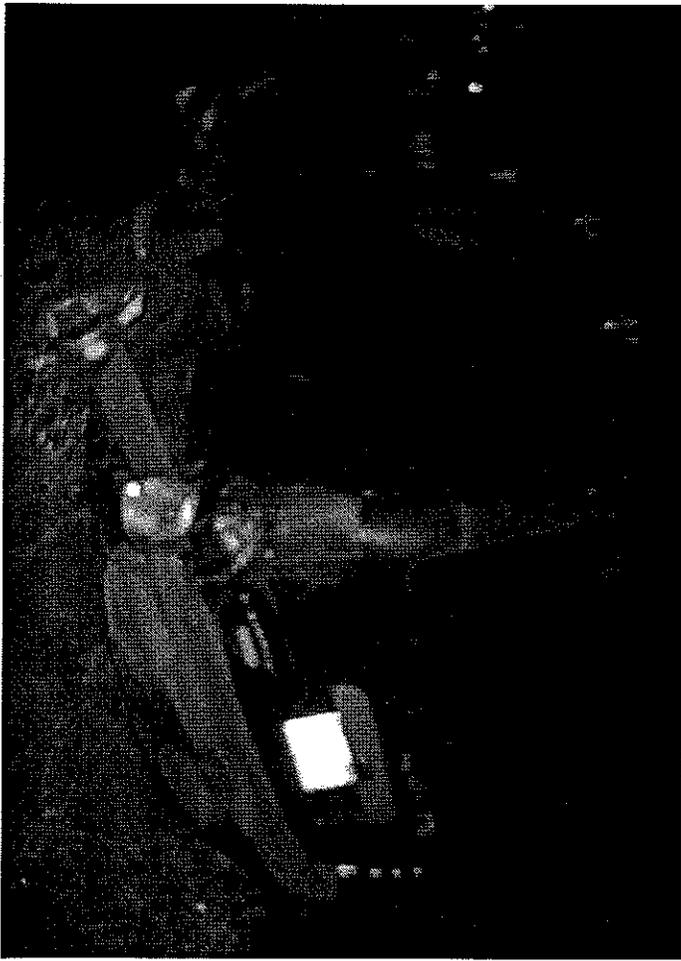
LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number S. WELLINGTON 93			Case Number 13-01899	
Type of Crime: Felony / <u>Misdemeanor</u> (Circle)		Type of Case: DUI			Date/Time: 8-2-13	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification				
Item # JW1	Item DVD W/PHOTOS	Brand Name		Storage Location	Disposition	
Action # 3	Brand/Model/Caliber		(Further Description)			
	Serial #	Where Found	Weight of Narcotic			
Owner's Name				Address	City	State Zip Phone #
				Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions						
Item #	Item	Brand Name		Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)			
	Serial #	Where Found	Weight of Narcotic			
Owner's Name				Address	City	State Zip Phone #
				Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions						
Item #	Item	Brand Name		Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)			
	Serial #	Where Found	Weight of Narcotic			
Owner's Name				Address	City	State Zip Phone #
				Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions						
Item #	Item	Brand Name		Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)			
	Serial #	Where Found	Weight of Narcotic			
Owner's Name				Address	City	State Zip Phone #
				Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions						
Item #	Item	Brand Name		Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)			
	Serial #	Where Found	Weight of Narcotic			
Owner's Name				Address	City	State Zip Phone #
				Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions						
Evidence Control Use Only:						
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____	
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	

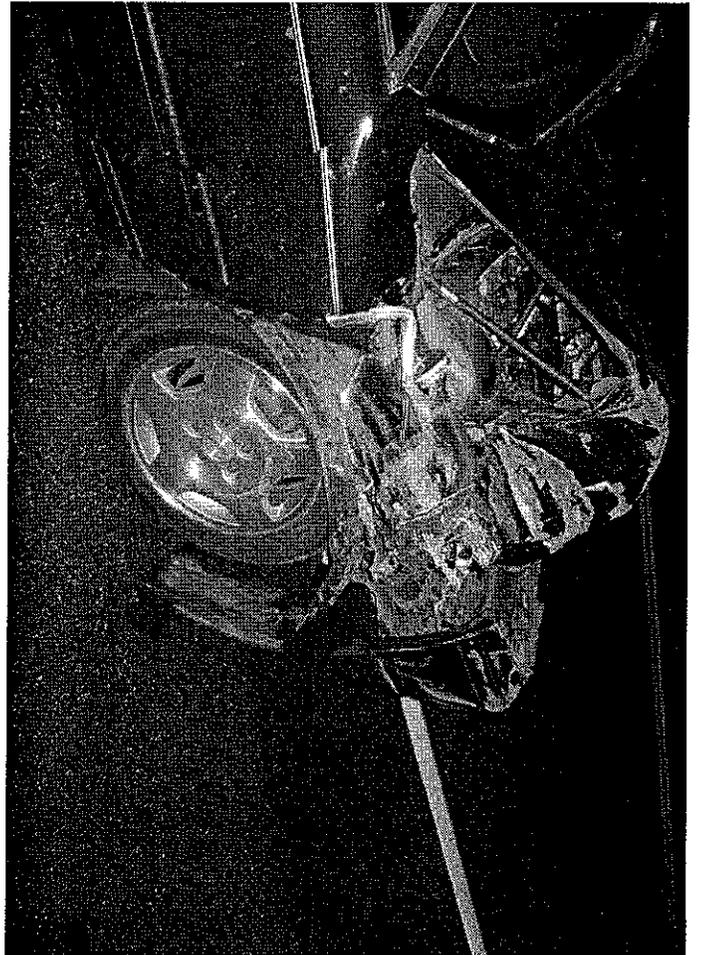
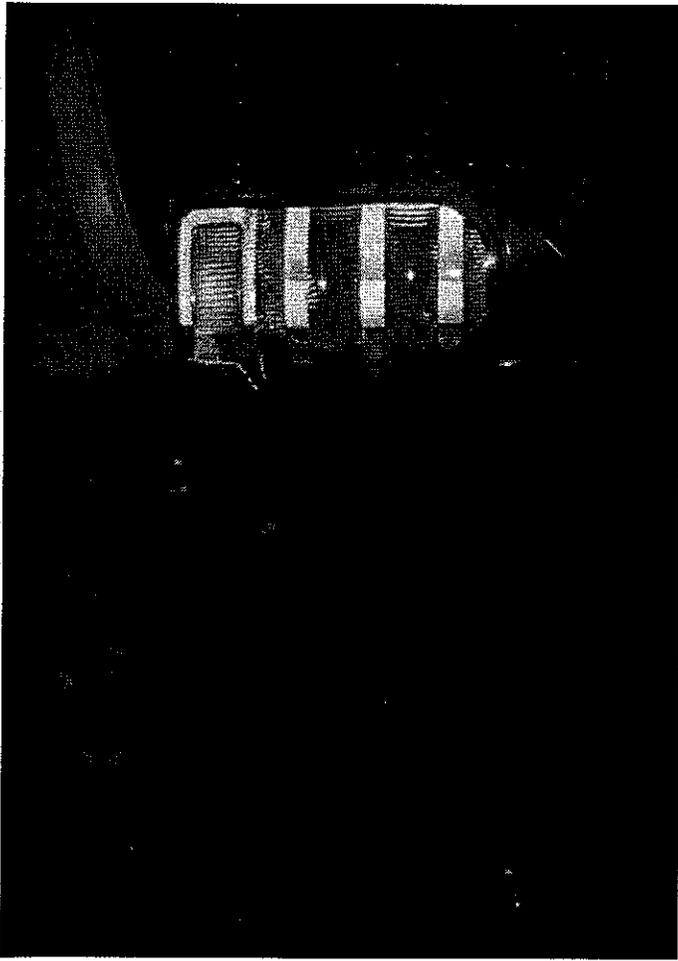
LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number A. THOR #115			Case Number 13-01899	
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>		Type of Case: DUI			Date/Time: 8/31/13 0321	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification				
Item #	Item	Brand Name		Storage Location	Disposition	
Action #	BLUOD SAMPLE					
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions TO WSP LAB						Barcode goes here
Item #	Item	Brand Name		Storage Location	Disposition	
Action #						
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
Item #	Item	Brand Name		Storage Location	Disposition	
Action #						
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
Item #	Item	Brand Name		Storage Location	Disposition	
Action #						
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
Item #	Item	Brand Name		Storage Location	Disposition	
Action #						
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
Evidence Control Use Only:						
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____		
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room		
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File		







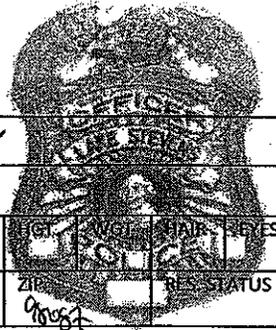






LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 18-01899

VICTIM / WITNESS

NON-DISCL	NAME (LAST, FIRST MIDDLE)	RACE	ETH	SEX	DOB	AGE	HT	WGHT	HAIR	EYES
	Terrace J. John	W		M	120286	26				
STREET ADDRESS		CITY		STATE		ZIP		STATUS		
13420 Wigen Road		Lynden		W		98281		Guest		
HOME PHONE	CELL PHONE	PLACE OF EMPLOYMENT								
208 (650) 3187	208-650-2187	Clark Carpet Cleaning								
WORK PHONE	EMAIL ADDRESS									
425 492 5779	xxmaplx04xx@gmail.com									

I, John Terrace, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving west down Hwy 204 going about 45 miles an hour. I look in the mirror about 20 seconds before and saw no headlights, when I looked in the mirror again I saw a car moving very fast toward my rear end I had no reaction time to get out of the way and he hit me. I'd say going about 65-75 miles per hour. I swerved in to oncoming traffic lane and fish tailed until I ended up on the side of the road. I was trying to find my phone to call 911 when I heard a voice through my window I opened my door to see who it was I saw him almost to the side of the road and he got hit by an oncoming car. Me and two other guys went out to see if he was ok we called 911 again and the police showed up within minutes.

CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED	LOCATION SIGNED
<i>[Signature]</i>	8/2/13	Hwy 204
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED
<i>[Signature]</i> 93	8-3-13	LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

REVISED 4/2009

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-01899

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Bjorne, Gavin Edward	RACE W	ETH W	SEX M	DOB 12-24-1983	AGE 29	HGT 62	WGT 290	HAIR Brown	EYES Hazel
STREET ADDRESS 506 B E Galena St		CITY Granite Falls			STATE WA	ZIP 98241	RES. STATUS U.S.			
HOME PHONE 4		CELL PHONE 425-622-6139			PLACE OF EMPLOYMENT 130219, Everett					
WORK PHONE 425-622-6139		EMAIL ADDRESS Gavin.e.Bjorne@Boeing.com								

I, Gavin Bjorne, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving west bound on Hwy 204. I had my cruise control set on 55 MPH. I noticed a car on the on coming traffic side of the road with its hazard light on. I looked down to turn off my cruise control. When I looked up I saw a man walking across the road in the center of my lane. I swerved to the left and hit him with my passenger side headlight. The man rolled down the side of my car, took out my passenger mirror.

I immediately pulled my car to the side of the road and rushed back to the scene.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 08-02-13	LOCATION SIGNED Hwy 204
OFFICER/NUMBER: [Signature] 93	DATE SIGNED 8-3-13	LOCATION SIGNED LK STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

